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CONFIRMATION NO. 3239

<b>SERIAL NUMBER</b> 09/733,692	<b>FILING OR 371(c) DATE</b> 12/08/2000 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1648	<b>ATTORNEY DOCKET NO.</b> 15280404100
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CIP of 09/083,793 05/22/1998 which claims benefit of 60/047,575 05/23/1997 and claims benefit of 60/059,385 09/19/1997  
 This application 09/733,692  
 claims benefit of 60/170,195 12/10/1999 *OK SBC*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*None SBC*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 03/21/2001**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>SBC</i> Initials	<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 24	<b>TOTAL CLAIMS</b> 179	<b>INDEPENDENT CLAIMS</b> 6
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**ADDRESS**  
5318

**TITLE**  
Use of recombinant parainfluenza viruses (PIVs) as vectors to protect against infection and disease caused by PIV and other human pathogens

<b>FILING FEE RECEIVED</b> 4302	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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